

## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name:

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### HERBAL ORO-DENTAL CARE COMPOSITION AND PROCESS FOR PREPARING THE SAME

the specification of which is attached hereto unless the following box is checked
was filed on March 25, 2004 as Application No. 10/810,011 or PC
Application No and amended on (if applicable).
I hereby state that I have reviewed and understand the contents of the above
identified specification, including the claims, as amended by any amendment referred to
above.
I acknowledge the duty to disclose information which is material to the examination
of this application in accordance with 37 CFR §1.56.
I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) o
any foreign application(s) for patent or inventor's certificate, or §365(a) of any PC
international application which designated at least one country other than the United States
listed below and have also identified below any foreign application for patent or inventor'
certificate or PCT International application having a filing date before that of the application
on which priority is claimed:
PRIOR FOREIGN/PCT APPLICATION(S) COUNTRY/OFFICE APPLICATION NO. DATE OF FILING PRIORITY CLAIMED
□YES NO□
□YES NO □
I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.
PROVISIONAL APPLICATION NUMBER DATE OF FILING

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

# PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 25 U.S.C. §120

### Status (check one)

Application Serial No.	Date of Filing	Patented	Pending	Abandoned
PCT/IN03/000417	12/30/2003			

And I hereby appoint Arthur H. Seidel, Registration No. 15,979; Gregory J. Lavorgna, Registration No. 30,469; Daniel A. Monaco, Registration No. 30,480; Thomas J. Durling, Registration No. 31,349; John J. Marshall, Registration No. 29,671; Joseph R. DelMaster, Jr., Registration No. 38,123; Robert E. Cannuscio, Registration No. 36,469; and George A. Frank, Registration No. 27,636, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Drinker Biddle & Reath LLP, One Logan Square, 18<sup>th</sup> & Cherry Streets, Philadelphia, PA 19103-6996. Address all telephone calls to **Daniel A. Monaco**, (215) 988-3309 (telefax: (215) 988-2757).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.



### FULL NAME OF SOLE OR FIRST INVENTOR

<b>PALPU</b>		<b>PUSHPANGADAN</b>
(GIVEN NAME)	(MIDDLE INITIAL OB NAME)	(FAMILY OR LAST NAME)
Inventor's signature:	Total Contraction of the Contrac	
D	ate: 16 · 4 · 04	·
Country of Citizenship:_	India	
Residence: Uttar Prade	esh India	
(City) Post Office Address:	(State or Foreign Coun National Botanical Research Instit Lucknow 226 001 Uttar Pradesh, India	ute
FULL NAME OF SOLE O  CHANDANA  (GIVEN NAME)	PR SECOND INVENTOR <u>VENKATESWARA</u> (MIDDLE INITIAL OR NAME)	<b>RAO</b> (FAMILY OR LAST NAME)
Inventor's signature:	Ch. V. Par- ate: 16-04-04	
Country of Citizenship:_	India	
Residence: Uttar Prade	sh India	<del></del>
(City) Post Office Address:	(State or Foreign Coun National Botanical Research Instit Lucknow 226 001 Uttar Pradesh, India	• •

## FULL NAME OF SOLE OR THIRD INVENTOR

SANJEEV	KUMAR	O.JHA
(GIVEN NAME) Inventor's signature: Dat	(MIDDLE INITIAL OR NAME)  Saujeev Kuman oj e: 16 Apr 04	'ha
Country of Citizenship:	India	
(City) Post Office Address:	India (State or Foreign Count National Botanical Research Institu Lucknow 226 001 Uttar Pradesh, India	ite
FULL NAME OF SOLE OR <u>KUTTAN</u> (GIVEN NAME)	PILLAI NARAYANAN	NAIR (FAMILY OR LAST NAME)
Inventor's signature: Dat	e: 16th April 2004	· 
Country of Citizenship:	India	
Residence: <u>Uttar Pradesl</u> (City) Post Office Address:	(State or Foreign Count National Botanical Research Institu Lucknow 226 001 Uttar Pradesh, India	try)

### FULL NAME OF SOLE OR FIFTH INVENTOR

MADAN	MOHAN	PANDEY
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature: Dat	te: 16-4,04	·
Country of Citizenship:	India	
Residence: Uttar Prades	hIndia	
(City) Post Office Address:	(State or Foreign Cou National Botanical Research Insti Lucknow 226 001 Uttar Pradesh, India	tute
FULL NAME OF SOLE OR	SIXTH INVENTOR	
AJAY	<b>KUMAR SINGH</b>	RAWAT
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature: Da	He: 16.4.04	
Country of Citizenship:	India	· 
Residence: <u>Uttar Prades</u>	h India	
(City) Post Office Address:	(State or Foreign Cou National Botanical Research Institution Lucknow 226 001	• •

### FULL NAME OF SOLE OR SEVENTH INVENTOR

# (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) Inventor's signature: 5. mch ad = 7 Date: 16. 4.0-4 Country of Citizenship: India

India

Residence: Uttar Pradesh

**SHANTA** 

(State or Foreign Country)
National Botanical Research Institute

**MEHROTRA** 

Lucknow 226 001

Uttar Pradesh, India